FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D SECTION 4(6) AND/OR

UNIFORM LIMITED OFFERING EXEMPT

	OMB AFF	ROVAL
	OMB NUMBER:	3235-0076
	Expires:	May 31, 2005
	Estimated average	burden
è	hours per response	16.00

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SEC USE ONL	.y]
Prefix >	Serial
Date Received	,
F	

		
2 ,	an amendment and name has changed, and indicate change)
Purchase of Convertible Notes of Mor	e e,	11/1/20
Filing Under (Check box(es) that apply)		Section 4(6) ULOE
Type of Filing: X New Filing	Amendment	1/0/- / 2
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about	t the issuer	
Name of Issuer (Check if this is an	amendment and name has changed, and indicate change.)	
More Magic Holdings, Inc.		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
2 Newton Place, 255 Washington Stre	et, Suite 270 Newton, MA 02458	(617) 244-2598 x222
Address of Principal Business Operation	s (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)		
2 Newton Place, 255 Washington Stre	et, Suite 270 Newton, MA 02458	(617) 244-1598 x222
Brief Description of Business		
Software company providing mobile of	ommerce solutions to the wireless community	
Type of Business Organization		and arccen
X corporation	☐ limited partnership, already formed ☐ €	other (please specify): PROCESSED
□ business trust	☐ limited partnership, to be formed	
	Month Yea	APR 13 2004
	0 6 0 0	, I
Actual or Estimated Date of Incorporation	on or Organization:	X Actual
Jurisdiction of Incorporation or Organiz	ation: (Enter two-letter U.S. Postal Service abbreviation for	
	CN for Canada; FN for other foreign jurisdiction)	D E

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those state that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Instruction

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ Promoter Check Box(es) that Apply: □ Beneficial Owner X Executive Officer X Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) Business or Residence Address 2 Newton Place, Suite 270, 255 Washington Street, Newton, MA 02458 X Director Check Box(es) that Apply: □ Promoter □ Beneficial Owner X Executive Officer □ General and/or Managing Partner Full Name (Last name first, if individual) Gulati, Pankaj Business or Residence Address (Number and Street, City, State, Zip Code) 2 Newton Place, Suite 270, 255 Washington Street, Newton, MA 02458 □ Director Check Box(es) that Apply: ☐ Beneficial Owner X Executive Officer ☐ General and/or □ Promoter Managing Partner Full Name (Last name first, if individual) Chittajallu, Shyam Business or Residence Address (Number and Street, City, State, Zip Code) 2 Newton Place, Suite 270, 255 Washington Street, Newton, MA 02458 Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner ■ Executive Officer X Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Tobin, Scott Business or Residence Address (Number and Street, City, State, Zip Code) 2 Newton Place, Suite 270, 255 Washington Street, Newton, MA 02458 Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner □ Executive Officer X Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Syrrist, Dag Business or Residence Address (Number and Street, City, State, Zip Code) 2 Newton Place, Suite 270, 255 Washington Street, Newton, MA 02458 Check Box(es) that Apply: □ Promoter XBeneficial Owner ■ Executive Officer □ Director □ General and/or Managing Partner Full Name (Last name first, if individual) Liberty Mutual Business or Residence Address (Number and Street, City, State, Zip Code) 175 Berkely Street Boston, MA 02116 Check Box(es) that Apply: X Beneficial Owner ☐ General and/or ☐ Promoter ■ Executive Officer □ Director Managing Partner Full Name (Last name first, if individual) **Battery Ventures**

(Number and Street, City, State, Zip Code)

X Beneficial Owner

(Number and Street, City, State, Zip Code)

☐ Executive Officer

☐ General and/or

Managing Partner

□ Director

Business or Residence Address

Business or Residence Address

Full Name (Last name first, if individual)

Check Box(es) that Apply:

Vision Capital

20 William Street, Suite 200, Wellesley, MA 02481

☐ Promoter

One Bayshore Plaza, 1350 Old Bayshore Highway, Suite 360, Burlingame, CA 94010

		 		B. INF	ORMATIC	ON ABOUT	OFFERI	NG		···		
1. Has the is	suer sold, or	does the is	suer intend	to sell, to r	on accredi	ted investor	s in this off	ering?				No X
1. 1145 (110 15	suci solu, ol	does are is					if filing und	C	*************		_	
2 337							-				¢ 400	0.00
2. What is th	ie minimum	investment	that will be	e accepted	from any in	dividual?		,	•		\$ <u>4,00</u> ′es	<u>0.00</u> No
3. Does the	offering peri	mit joint ov	nership of	a single uni	it?		*************					
4. Enter the remuneration agent of a be persons to be Full Name (I	for solicita roker or dea listed are a	tion of pure der register ssociated p	chasers in co ed with the ersons of su	onnection v s SEC and/	vith sales of or with a s	f securities tate or stat	in the offer es, list the	ing. If a pers name of the	on to be l broker or	isted is an a dealer. If	associate more th	d person o
Not Applica	ble											
Business or I		ddress (Nu	mber and Si	treet, City,	State, Zip C	Code)						
Not Applica	ble											
Name of Ass	ociated Bro	ker or Deal	er									
Not Applica												
States in Wh (Check "	ich Person I 'All State" c										🗖 .	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA] S AND USE	[WV]	[WI]	[WY]	[PR]
and alread	box and and ly exchange of Security		the column	s below the	amounts o	f the securi	ties offered	for exchange	Aggr	egate A	Amount A	
Debt .									. \$		\$	
									\ <u></u>		\$	
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				_	n □Prefei							
		•	•	•						000,000.00		
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										000,000.00	\$\$ 000	
	10141							eries D Pref			<u> </u>	1000.00
			also in App	•		-						
the number	nd the aggre	gate dollar who have	amounts of purchased s	their purch	ases. For ond the aggre	offerings un	der Rule 50		N	ımber vestors	Dollar	gregate Amount rchases
Accre	dited Invest	ors							6		\$ ፋበስ	,000.000
												00.000.
											¥ <u> </u>	
•	Total (for fi	lings under	Rule 504 o	nly)							\$	
	ng is for an e issuer, to o	offering und late, in offe	rings of the	4 or <u>505,</u> en types indic	nter the info	ormation re- velve (12) r	quested for nonths prio	r				

Type of offering

Rule	e 505		NA		\$ 1	NA
	ulation A	_	NA			NA
	e 504		NA		\$ <u>1</u>	NA .
	Total		NA	_	\$ <u>1</u>	NA
secu The	ish a statement of all expenses in connection with the issuance and distribution of the artities in this offering. Exclude amounts relating solely to organization expenses of the issuer. Information may be given as subject to future contingencies. If the amount of an expenditure of known, furnish an estimate and check the box to the left of the estimate.					
Tran	nsfer Agent's Fees				\$	0
Prin	nting and Engraving Costs				\$	0
Lega	al Fees	. 		X	\$ <u>9</u>	0.000.00
Acc	counting Fees				\$	0
Eng	gineering Fees				\$	0
Sale	es Commissions (specify finders' fees separately)				\$_	0
Oth	er Expenses (identify)		•••••	X	\$ <u>1,0</u>	000.00
	Total			X	<u>\$_1</u>	0,000.00
	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF P	ROCEE	DS		
	r the difference between the aggregate offering price given in response to Part C - Question I total expenses furnished in response to Part C - Question 4.a. This difference is the					
l and "adjusted Indicate used for estimate			Paymen		\$	990,000.00
1 and "adjusted Indicate used for estimate	I total expenses furnished in response to Part C - Question 4.a. This difference is the isted gross proceeds to the issuer." below the amount of the adjusted gross proceeds to the issuer used or proposed to be each of the purposes shown. If the amount for any purpose is not known, furnish an each of the box to the left of the estimate. The total of the payments listed must equal		Paymer Office Direct Affilia	rs, ors, &		Payments To Others
l and "adju Indicate used for estimate the adjus	I total expenses furnished in response to Part C - Question 4.a. This difference is the isted gross proceeds to the issuer." below the amount of the adjusted gross proceeds to the issuer used or proposed to be each of the purposes shown. If the amount for any purpose is not known, furnish an each of the box to the left of the estimate. The total of the payments listed must equal		Office Direct Affilia	rs, ors, & ites	; F	Payments To
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following signature constitutes an unc of its staff, the information furnished by			es and Exchange Commission, upon written to paragraph (b)(2) of Rule 502.	request
Issuer (Print or Type) MORE MAGIC HOLDINGS, INC.	Signature	22	Date	
N (S)		Ø: 1 m	Manager of State of the State o	
Name of Signer (Print or Type) JAMES WALZ	PRESIDENT	er (Print or Type) Γ AND CEO		
	An	TENTION		

_	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? See Appendix, Column 5, for state response.	Yes	No X
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice Form D (17 CFR 239,500) at such times as required by state law.	e on	
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by issuer to offerees	the	
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the available of this exemption has the burden of establishing that these conditions have been satisfied.		
	the issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on it adersigned duly authorized person.	s behalf	by the
	suer (Print or Type) IORE MAGIC HOLDINGS, INC. Signature Date		
N	ame of Signer (Print or Type) Title of Signer (Print or Type)		
	AMES WALZ PRESIDENT AND CEO		

APPENDIX

1		2	3			4		5		
	to non-a	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)			f investor and trchased in State C-Item 2)	under Sta (if yes explan waiver	ualification State ULOE ves, attach anation of er granted) t E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ		_								
AR										
CA		Х	Convertible Notes	1	\$200,000.00	0	NA		Х	
CO										
СТ				_						
DE										
DC						•				
FL										
GA					_					
HI										
ID										
IL										
IN										
AI										
KS										
KY										
LA										
ME	<u> </u>						<u> </u>			
MD	ļ									
MA		Х	Convertible Notes	4	\$333,333.33	0	NA	184,	Х	
MI						· · · · · · · · · · · · · · · · · · ·				
MN										
MS										
МО							<u> </u>			

APPENDIX

1		2	3			4		Disqual	5 ification	
	to non-a	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
MT										
NE										
NV										
NH										
NJ										
NM										
NY										
NC				i			,			
ND										
ОН										
ОК										
OR										
PA										
RI										
SC										
SD			·							
TN										
TX										
UT										
VT										
VA										
WA										
WV										
WI										
WY						1				
PR										

^{**} Note that \$66,666.67 of Convertible Notes of the Issuer has been sold to one accredited investor in Europe.